Stairstep Health Initiative

Evaluation Report FY2002-2003

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EXECUTIVE SUMMARY

I. Purpose of the document

The purpose of this report is to evaluate the activities and programs implemented during an initial 2-year grant provided by the Minnesota Department of Health. Twelve African-American churches located throughout Minneapolis and St. Paul were involved in the planning, designing, and implementation of the MDH core health concepts. These core concepts focused on the following health related areas:

- Nutrition and Physical Activity
- Cardiovascular disease and Stroke
- Diabetes
- Sexual Health
- Infant Mortality
- Breast and Cervical Cancer
- Violence and Injury Prevention
- Youth Empowerment and Tobacco Prevention

II. Scope of the document

An overall summary of the planning processes, implementation, outcomes, strengths, barriers, and recommendations for the projects are given. This document provides specific information on each of the churches involved in this project with respect to: 1) Pastor involvement; 2) Community Involvement (i.e. how did the site coordinator collaborate with community based organizations to assist in project support, resource allocation, and networking; as well as engaging the community outside of the faith institution); 3) strengths and challenges of implementation; and 4) Recommendations.

Specifically, this report attempts to evaluate the following questions:

1) Leadership: How active was the pastor or pastoral staff in providing overall leadership and promotion of the Stairstep Health Initiative? Was this leadership helpful/effective as a means of getting the congregation motivated and engaged in SSHI activities?

2) Community organizing: Did the site coordinator collaborate with community-based organizations (CBOs)? If so were these relationships helpful and/or effective? How has the community outside of the faith institution been engaged in SSHI?

3) Activities: Who was the activity or project targeted to? What was the purpose or the objective of the activity? How did that activity relate to the SSHI? How was the project or activity implemented? What was the outcome as the result of the activity?

4) Highlights: What were the strengths and weakness/challenges the site coordinators faced in implementing this program?

5) Recommendations and Future directions

6) Pre and Post Church Health Survey

7) Youth Empowerment Surveys

III. Results

Pastor involvement: All pastors of the 12 congregations experienced varying levels of involvement in the SSHI. Pastors who were more active in the planning/development, promotion and implementation of these programs, "appeared" to get their members involved in activities, motivated to continue participation in monthly programs, and experienced greater numbers of positive outcomes (i.e. improvement in knowledge and understanding; change in attitudes and behaviors, as well as perception of risk). The bigger the leadership role, the larger the returns. The following activities were performed by the pastors and were effective in this project:

1) Promotion and involvement in Health Sundays: Most if not all churches established a Sunday where health topics were discussed, one Sunday per month. Members were exposed to information relating to disease etiology, risk factors, prevention, treatment, resources (community), and statistics. The pastor who also used this time to promote activities, and motivate the congregation normally introduced the topics of the health Sunday. The promotion of SSHI activities was done on a biblical as well as personal level (i.e. pastor participating in events and sharing his/her testimony about health).

2) Facilitation of bible studies, sermon messages, workshops, and conferences that had a health component (i.e. prevention of teen pregnancy, increasing physical activity to decrease diabetes and obesity) that would be worked into the messages.

3) Participation in activities. Pastors who participated themselves in the SSHI, were more likely to get their respective congregations involved in SSHI as compared to those pastors who were not involved or moderately involved in SSHI activities.

Pastors who, outside the pulpit, provided another mode of exposing their congregation to the health information was key in initiating behavior change, as well as gaining support, excitement and motivation for the project. Why? Pastors have the unique role of being leaders in their churches and communities. These leaders have established a relationship of trust and commitment with their members and communities. They play the role of teacher, healer, counselor, and spiritual warrior. African Americans historically have had negative perceptions of health research. Utilizing pastors to help break down some of these barriers perpetuated by fear, distrust, and ignorance is an effective way to build trust, and engage communities in their

health care. It will help to increase knowledge and awareness, and promote positive relationships with other community partners.

IV. Community involvement. Many of the site coordinators were already active in their respective communities. Irrespective of that, the site coordinators who utilized/collaborated with other organizations to plan and implement activities as well as provide resources (i.e. pamphlets, statistics, free diabetic supplies or smoking cessation material) were most effective in the delivery of the health message. The following is an example of organizations collaborated with and how their services were utilized in the SSHI.

Organization	Type of Organization	How was it used?
Pilot City Health Center	Clinic	Health education/promotion, disease screening, resource allocation
Urban League	National organization, local chapter	Helped to facilitate meetings on health disparities and community events
Univ. of Minnesota Extension	Academic	Health education/promotion
Lucille's Kitchen	Local Restaurant/CBO	Host's radio broadcast/health education and promotion
NAACP	National organization, local chapter	Helped to facilitate meetings on health disparities and community events
Delta Sigma Theta Sorority Inc./ Alpha Kappa Alpha Sorority Inc.	National organization, local chapters	Sponsored workshops and blood drives/ health education and promotion
American Red Cross	National Organization, local chapter	Sponsored blood drives

V. **HIGHLIGHTS**

Overall, the site coordinators did a fantastic job at increasing the knowledge and awareness of the congregation and church leadership about various health foci. These areas of focus included: cardiovascular disease and stroke, diabetes, immunizations, HIV/AIDS, sexual health, depression, teen pregnancy prevention and youth development, tobacco prevention, breast and cervical cancer, physical activity and nutrition, infant mortality and violence and unintentional injuries. All of the congregations in this project with assistance of the health coordinators, pastors, and outside community resources exposed the members to information which would help them recognize and understand disease etiology, identify disease risk factors and causes, recognized the warning signs and symptoms of specific diseases, understand disease prevention and management, as well as individual assessment of risk to particular health related illnesses

(i.e. Stroke/Diabetes quizzes, BP and cholesterol screening, etc…). The success of this portion of the project was made possible by the following activities:

- **Health Sunday (at least once per month):** The leadership of the church was involved (i.e. Pastors/Ministerial staff) in engaging the congregation in a discussion about different health topics. Many of the Pastors played an active role in promoting Health Sunday by personally speaking 5-15 minutes about the importance of healthy lifestyles and behaviors as well as leading by example. At many congregations the Health Sunday was followed by a potluck dinner, or healthy dinner prepared by the Kitchen Ministeries to reinforce the importance of a healthy diet and nutrition. Changes were seen in the types of food served during major events, and often many churches went a step further by passing out (before and after service) fresh fruit, vegetables, and water/juice, instead of cookies, cake, pop, and other fatting and high calorie foods.

- **Health bulletin/health corner:** Most if not all of the site coordinators implemented a health corner in their Sunday bulletins. These health bulletins contained health information on the area of focus for the month (risk factors, prevention, community resources, disease management, etc…), and also listed answers to questions posed during the Health Sunday question and answer phases. This proved to be a valuable way of reinforcing health concepts.

- **Distribution of health related material and statistics to members of the congregation before, during or after service**. Along with the health information in the Sunday bulletin, many of the site coordinators also created a Health Corner/Table. This table was an area in the church where members can pick up information on the disease areas for the month. This is a great tool because many members gave testimonies about how they used this information to educate their families and other loves ones about the importance of living heathly. A lot of information was also passed out to the congregation when they entered the churches for service, was reitered by placing the health information and health tips on church fans, pens and pencils, and given to the members as they left the church after service. So the level exposure to information was very high.

- **Implementation of innovative ideas and activities that would assist in initiating a behavior change** (i.e. 'Youth Values for Life', 'Celibacy Celebrations', 'Walk and Talk with Jesus', 'Black and Blue Conference', Men's only fellowship, Massage Therapy) In many instances the site coordinators were left to their own accord in developing creative activities and programs to initiate behavior and attitude change as well as knowledge acquisition. This came in the form of workshops on Domestic Violence (for women only and men only), Stroke screenings on Saturday mornings, Immunization Sunday's where adults and children could be immunized against Influenza with the help of community staffers, youth workshops and conferences dedicated to empowering the lives of youth to make better decisions about their overall health, nutrition and cooking classes for diabetics, women only conferences dedicated to womens health issues, men only fellowships dedicted to men's health issues, exercise programs initiated to increase the level of physical activity in the group and decrease

obesity and improve heart health (i.e. men and young men's basketball leagues, aerobics classes, walking clubs).

- **Disease screenings and health fairs or 'health clinics'**
  These types of activities seem to be fundamental in getting folks more invovled in assessing and keeping track of health conditions. Although it wasn't stated outright, medical and public health literature suggest that many of the members of the African American community do not regularly see a physician. This maybe one of the reasons why African Americans have such high rates of hypertension, diabetes, cancer, and HIV/AIDS, because many members of this community who have the disease or who are at risk don't know it. Implementing monthly screenings for hypertension, diabetes, and stroke, gives this community an opportunity to learn about their disease risk/status and act appropriately and make changes to their lifestyle. Having screenings and health fairs conducted by the faith community can take a lot of anxiety and frustration out of visiting a doctor (but only if the providers are giving the necessary information to make behavior changes—outcomes, outcomes, outcomes). As well as giving this community (faith community) opportunities to get screened who otherwise could not have because of lack (or limited) of access to care and resources.

V. Church Personnel Survey

Each of the site coordinators were responsible for asking 10 members of their church leadership (i.e. clergy, deacon/deaconesses, trustees, youth leaders, choir directors/choir members, etc…) to complete a 10-item questionnaire that attempts to assess how the church sees their role in improving the health of the congregation and community; and also in what ways they feel would be more effective in changing health behaviors and promoting health living. By having a post SSHI survey, which used the same questionnaire, theoretically Stairstep Foundation wanted to measure a change in attitudes of the leadership, and changes in behavior in the congregation. A total of 172 surveys were collected from the 12 churches; 94 Pre-surveys and 78 post surveys. The surveys indicated the following:

1) 85% of leaders either "strongly agreed" or "agreed" that church leaders are an integral part in helping to decrease health disparities in church and the community, and that they bear some responsibility for health disparities by not teaching a holistic approach to life;

2) Most leadership agreed that the top 3 activities that would have an impact in promoting healthier lifestyles are: 1) health fairs and health-related sessions; 2) bible study and its application; and 3) sermon messages and its application;

3) Approximately 56% said they felt that they would be "extremely" or "very effective" in helping to decrease the incidence of health problems in their congregation;

4) 23% of leaders surveyed felt that the congregation would have an "extremely" or "very effective" impact on the community by helping to eliminate health disparities;

5) 38% of leaders felt that their church would be "extremely effective" or "very effective" in changing an individuals behavior to utilize good health practices

VII. Teen Health Survey's

A total of 125 surveys gathered during 6 youth events/workshops was analyzed. The average rating for the youth workshops was 4.28 [range 3.9-5.0], and the average age of the respondents were 14.63 years [range 13.07-15.21]. Lessons learned from the conferences include:

A. Learning about disease etiology, risk factors, and risk prevention
B. Learning about the importance of self-esteem and self-respect
C. Learning about morbidity and mortality statistics as it relates to HIV and tobacco-related illnesses
D. The importance of having/sticking to values
E. Importance of problem solving and conflict resolution
F. Awareness of how company's market products to youth

CHAPTER 1 *Section 2*

LIMITATIONS AND BARRIERS

The biggest barrier to the success of this project was the lack of reporting of the Who, What, When, Where, and How of each of the activities. It was very difficult to ascertain outcomes, when you were not sure what was done, who was involved, how many were involved, how long, and what the member got out of his/her involvement.

- **Who** was the activity or project targeted to? Was everyone welcome to participate, or was it specific-to-specific types of people (i.e. youth, women, men, elderly, diabetics, cancer survivors, people who are overweight, those experiencing depression, etc…). Who and how many are participating in the activities each week?
- **What** was done in the course of performing the activity? This should include describing the purpose/objective of the activity, and how it relates to the SSHI. Also, what type of progress are the participants making toward their goals. Have they lost any weight? Are they exercising 3-5 days per week instead of the previously 1 day per week once per month? Are they able to walk and get out more as a result of participating in the walking club? Are they doing a better job of identifying portion sizes and caloric intake?
- **When** did the activity in question take place? Was it on a Sunday so that everyone in the congregation was exposed to the information? Was the activity done every Saturday or twice per month?
- **How** was the project or activity was implemented? Did and outside community member or resource come in to discuss seat belt safety? Was the Pastor involved in leading a discussion about sexual health? Also, how long was the activity? Simply to say that an aerobics class was held, is not acceptable. It is important for the site coordinators to explain how long the activity or session lasted (duration) and how often the activity takes place.

All of these things really help to identify outcomes. If we don't know what you did, how you did it, who was involved, and what the members got out of it, there is no way for Stairstep to adequately measure how effective the program (s) are.

OTHER BARRIERS

- Site coordinators having difficulty in keeping interest in the long term activities being implemented

- Site coordinators taking on too much work! Many coordinators are trying to perform too many activities in a month's time. As well as coordinating activities that are not related to each other in the same month (i.e. Violence and Cervical Cancer)
- Site coordinators not sticking to or setting monthly goals for their programs, and not actively engaging participants in setting goals for themselves.
- Not having the know with all on how to implement certain activities and programs by themselves (black box: having them do whatever they want)
- Putting more emphasis on certain issues, while ignoring others. For example, engaging the church community in 3 months worth of diabetes activities, but not having any activities during the year related to breast or cervical cancer.
- Lacking the leadership skills necessary to designate work to others or lacking the confidence to ask for help when needed

CHAPTER 1 *Section 3*

RECOMMENDATIONS AND STRATEGIES

1) **Mandatory formation of health team/council**
Based on the information that each of the site coordinators provided about their congregations, it appears that the site coordinators who had 1 or more other members helping them with monthly activities had an easier job getting tasks done. The job of the site coordinator is just that, to coordinate activities, to act as a guide or leader and/or facilitator, not to fulfill all of the responsibilities of the health initiative themselves.
   - Therefore, it is recommended that each site coordinator form a health council, which has 1 representative each of the target audience the SSHI is attempting to reach: 1 youth or youth leader, 1 adult woman, 1 adult man, 1 elder, and 1 representative of the Pastoral or Ministerial staff.
   - Each of these persons on the health council will be responsible for assisting in the planning and implementation of activities, getting buy-in and generating support from the particular group they represent, and helping to come up with marketing schemes to keep the groups interested in the activities for the long-term.

2) **Standardization of activities (i.e. Weight Loss Challenge)**
For the most part, the site coordinators are lay workers, meaning they don't have extensive formal training in public/community health or medicine. Giving the site coordinators the freedom to develop programs and activities within their congregation that are specific to the needs of their church is a wonderful idea. However, it would be more effective if for various activities that are going to be universally implemented, that the activities be standardized. Prior to the introduction of the activity, the site coordinators should be given a "how to" guide on how to implement a specific program. It helps to take the guesswork out of the task, as well as helping to keep the coordinators more goal-oriented. This is where utilizing outside community resources, such as a seeking the assistance of a Dietician or Nutritionist, Exercise Physiologist, etc… would be beneficial in coming up with a strategic/marketing plan, or plan of attack, that will be effective.

3) **Learning how to become an effective goal setter**
Many of the difficulties came to light on this health initiative because several of the key players (site coordinators) in the project were not setting goals for themselves or for the activities or participants in which they worked with. Its becomes increasingly hard to measure outcomes in a project when upfront goals for the activities have not been set. It also helps if the participants in a long-term activity such as the walking club, aerobics classes, weight loss challenge, have drafted 1-5 goals that they have dedicated to accomplishing while participating in the particular activity or program. These goals can be both short and long term, and periodically (once per month) these goals (whether site coordinator goals or participant goals) should be reviewed to ensure that they are on track. Here again is where the utilization of community resources comes into play. Have someone from Health Partners, the University of Minnesota School of Public Health or Carlson School of

Management come over and talk to the group about how to write and set effective goals for their projects (from a business or public health management perspective). As well as how to develop a strategic plan for longer terms goals/objectives.

4) **Leadership development**
In order to take on a leadership role in a project such as this, it is helpful if the persons carrying out the role be trained on how to become an effective leader. This would be helpful in ensuring everyone is on the same page, but more importantly ensuring that each person has the skills, confidence, and resources necessary to do their job effectively.

CHAPTER 2

SPECIFIC CHURCH EVALUATIONS

CHAPTER 2 Section 1

SPECIFIC CHURCH EVALUATIONS
MT OLIVET BAPTIST CHURCH

Pastor Involvement: The pastor of Mt. Olivet Baptist Church was actively involved in promoting and implementing the Stairstep Health Initiative. The pastor gave talks about health core concepts during bible study, church service or sermon messages. He also consistently encouraged congregation to change their lifestyles, and empowered them with the knowledge on how to do it.

Community Involvement: It appears that the site coordinator is utilizing community resources and organizational support in implementing activities and programs at the church. However, it is unclear on how and in what capacity these organizations are serving.

Successes:
- Reported activities based on concept being covered;
- Empowered teens to teach their peers about sexual health and pregnancy prevention;
- Targeted activities to specific groups with the church: teens, women, men, elderly;
- Incorporation of health information in weekly church bulletin;
- Distributed of health related material to increase knowledge and understanding of disease etiology, risk factors, and prevention;
- Involved children in activities that specifically target nutrition and physical activity;
- Consistently documenting number of participants in each scheduled activity;
- Promoting open dialogue among members, families and youth about importance of health and wellness;

Challenges:
- Documentation of activities: Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Workload: too many planned activities for one person to manage;
- Unrelated activities being implemented during the month (takes away from the health focus of the month- i.e. implemented activities related to Cardiovascular disease and sexual health);

Recommendations:
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity

(i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);

- Consider displaying a monthly calendar of events so the congregation can keep up with the activities being planned throughout the month and future months;
- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; cvd/stroke and nutrition and physical activity;

CHAPTER 2 Section 2

SPECIFIC CHURCH EVALUATIONS
PROGRESSIVE BAPTIST CHURCH

Pastor involvement: The pastor of Progressive Baptist Church is very active in the Stairstep Health Initiative. He promoted health Sunday, initiated physical activity programs, empowered and motivated youth through seminars and workshops, and encouraged members of the congregation to participate in health initiative activities and live healthier.

Community Involvement: The site coordinator had a high level of collaboration with community partners and academic institutions to assist in the facilitation of health education, resource allocation and program support.

Successes:
- Increased knowledge and understanding of specific disease etiology, risk factors, and disease prevention;
- Established a weekly health corner;
- Empowered youth;
- Initiated new activities to get congregation more active;
- Collaborated with community organizations to assist in facilitating health education classes;
- Targeted activities toward specific groups to increase awareness and improve perception of disease risk, as well as promoting communication;

Challenges:
- Inconsistent documentation of implemented activities;
- Lack of organization of monthly report;
- Waning commitment level of health ministry team;
- Scheduling of too many activities;
- Keeping congregation motivated;
- Lack of focus on outcomes;
- Lack of information on certain health topics (i.e. violence/injury prevention and infant mortality);

Recommendations
- Recruit a dedicated health ministry team to help implement activities. The health team should consist of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These members should be responsible to planning and implementing activities with respect to the above mentioned groups;
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity

(i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);

- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; cvd/stroke and nutrition and physical activity;
- Promote all MDH core health concepts;
- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount and duration of physical activity. These outcomes can be measure through: surveys, interviews, focus groups, testimonies, or program logs;

CHAPTER 2 *Section 3*

SPECIFIC CHURCH EVALUATIONS
RESURRECTION TEMPLE

Pastor involvement: The pastor of Resurrection Temple verbally endorsed the SSHI. He participated fully in planning and development of project activities and programs, as well as providing health education for specific core health concepts during sermons and bible studies. He also facilitated workshops, meetings, and he participated in many of the sponsored programs.

Community Involvement:
The site coordinator utilized community partners to perform health screenings, health education seminars and classes, arranged field trips to reinforce concepts, and also to engage the congregation in increase their physical activity output. There were numerous occasions, however, when a community involvement activity was not done, or was not listed.

Successes:
- Developed a health section in the church bulletin as well as a monthly newsletter;
- Established a health corner with flyers, brochures, and other health related resources made available for members to pick up before, during, and/or after church services;
- Developed a health and wellness committee;
- Implemented health education sessions specifically for men and women and youth;
- Inclusion of youth in monthly activities, as well as allowing youth to take leadership roles in the development/delivery of activities;
- Developed several creative and fun initiatives that attempt to keep members involved in activities (i.e. Heart Healthy/Cancer Preventative Fruit and Vegetable "Fear Factor" Olympics, Sacred Spaces);

Challenges:
- Documentation of activities: Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Keeping congregation motivated ;
- Obtaining similar resources that are available to the Minneapolis congregations;
- Documenting how and in what capacity community organizations and partners are involved in monthly activities. In many instances a name of the community partner was given without describing the role that that person played.;

Recommendations
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);

- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount and duration of physical activity. These outcomes can be measure through: surveys, interviews, focus groups, testimonies, or program logs;

CHAPTER 2 Section 4

SPECIFIC CHURCH EVALUATIONS
GRACE DELIVERANCE CHURCH

Pastor Involvement
The pastors of Grace Deliverance Temple were actively involved in promoting and implementing the Stairstep Health Initiative. They were instrumental in motivating the congregation to change their behaviors and attitudes regarding their health and well-being, and encouraged their members to participate in monthly activities.

Community Involvement
The site coordinator actively pursued community members to help engage the congregation in the SSHI. Those activities and description of the activities (who was involved, in what capacity, etc…) was not always clear and documented.

Successes
- As one of the Pastors at GDT, the site coordinator facilitated activities and discussion on topics and concepts being covered during the month;
- Empowered and educated teens through a series of workshops and seminars dedicated to discussing: pregnancy and tobacco prevention, self-esteem/self-worth/self-image, nutrition and physical activity;
- Distributed health-related information to congregation to increase their awareness and understanding of SSHI core concepts;
- Integrated healthier food options during church socials and other functions;

Challenges
- As a member of the pastoral staff, and the program director for the SSHI, the site coordinator was/is extremely busy. Documentation of activities and programs on a monthly basis was lacking. The site coordinator should refocus on the following: Purpose or objective of activity, Who was involved, What and how it was done, Frequency of the activity, and the Outcomes, when writing monthly reports;
- Performing too many tasks without any assistance;

Recommendations
- The site coordinator should either elect a new dedicated and dependable site coordinator for Grace Deliverance Temple, or should recruit a health ministry team. This team should consist of a representative of each group of the congregation that the SSHI is attempting to reach: teens, men, women, and older adults. The health ministry team would then be responsible for coordinating activities for their group during the month;
- Refocus attention on the who, what, when, how, and why of each of the monthly activities, and accurately document them. If you don't write down what you did, then no one will

know. This goes for all aspects of reporting (pastor involvement, community involvement, etc…);

- Consider concentrating only on 1 core concept per month, and dedicating activities to just that concept. Or if there are going to be more than one concept, ensure that they are related in some way. For example, if you're going to discuss physical activity and nutrition, it would be foreseeable that you might talk about cardiovascular disease and/or diabetes also;

SPECIFIC CHURCH EVALUATIONS
KWANZAA

Pastor involvement:
The site coordinator for Kwanzaa is also one of the pastors of the church. The pastoral staff was actively involved in engaging the congregation in community events, monthly seminars/workshops, as well as being instrumental in implementing model programs within the church (i.e. Massage Therapy). They encouraged, motivated, educated, and took a leadership role in ensuring this program saturated their congregation.

Community Involvement: Although I'm sure that Kwanzaa was involved in additional activities in the community, this wasn't clear in the way the reporting from the site coordinator was done. The activities that the site coordinator engaged the community in included: 1) 'Racism in Healthcare" survey, where she receive many comments on the ineffective and in-personal relationships that many people had with their physicians or medical provider; 2) initiated a weight loss program with Mt. Olivet and Progressive Church; 3) HIV/AIDS outreach; and 4) a community block party.

Successes:
- Created innovative programs to keep congregation interested in health activities (i.e. "Hour of Power", "Walk and Talk with Jesus");
- Leadership role that site coordinator already plays in the church has helped to keep members empowered and excited about the health initiative;
- Targeted activities to specific groups within congregation: teens, women, men;

Challenges:
- Documentation of activities: Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Implementation of too many activities during the month;
- Lack of promotion and implementation of all key core concept areas;

Recommendations:
- Promote all MDH core health concepts Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity;
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency

and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);

- Increase delivery of key MDH core concepts, particularly diabetes, CVD/Stroke, breast and cervical cancer, and immunizations;
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;
- Documentation. If attending activities within the community please indicate how this information will or has been relayed back to your respective congregation;
- Increase collaboration with outside organizations for health education, screenings, immunizations and resource allocation;

SPECIFIC CHURCH EVALUATIONS
LIVING WORD

Pastor Involvement:
The pastor of Living Word appeared to be somewhat involved in the SSHI. The way in which the reporting of pastoral activities was done, make it difficult to ascertain. However, it seemed the pastor was involved in introducing the initiative to the congregation and giving the initiative a moderate level of support.

Community Involvement:

It appears that the site coordinator is utilizing community resources and organization support in implementing activities and programs at the church. However, it is unclear on how and in what capacity these organizations are serving since documentation of such was incomplete. Community organizations and partners were used to provide health education and disease screenings. The site coordinator used them effectively to reinforce SSHI goals of increasing awareness and understanding, as well as in assisting in changing behaviors and attitudes. Documentation of activities with the community including: who was involved, what organization they are representing, how they provided a service to the church, and the outcome of their participation in this initiative, would help improve the overall understanding of how the congregation benefited from this interaction.

Success:
- Distribution of health related material to increase knowledge and understanding of disease etiology, risk factors, and prevention;
- Collaborated with community organizations to assist in facilitating health education seminars and workshops;
- Introduced health concepts in church bulletin;
- Targeted certain activities specifically for teens;

Challenges:
- Lack of documentation of monthly activities, community involvement, and pastoral involvement. IF you don't tell us what happened, who was involved, and what was received out of the activity, we wont know if the SSHI is working in your congregation, and what resources might be needed in order for the site coordinator to do her job more effectively;
- Not remembering to deliver information to the congregation on all MDH key core concepts;
- Organization and time management;

Recommendations:

- Documentation of activities. When completing the monthly report, please make sure to document the following: purpose or objective of activity, who was involved, what was done and how it was done, frequency of the activity, and the outcomes of the activities. The outcomes can be: 1) a reaction- the reaction of the group to the activity good or bad, at least you will know what worked and didn't, and how you might be able to change certain aspect to obtain a more reasonable outcome; 2) the number of participants who participated in a workshop and the type of persons who attended- if this is a continuing session have 10 additional people joined the group, or is attendance falling off; 3) blood pressure monitoring- how has an individuals BP changed from month 1 to month 3; and 4) weight loss- how much individual weight loss has been achieved by members of the churches aerobics class, walking group, or weigh off challenge participants;
- Organize and elect a dedicated and dependable health team that can assist with the tasks need from this initiative. Each member of the health team will be delegated responsibility to organize events, and turn in reports, and overall to provide support for the site coordinator. Each member of the health team should represent some facet of the congregation that is to be targeted: a youth, a woman, a man, and an older saint;
- Consider establishing a health corner/table within the congregation that can be showcased on a monthly basis. This can be maintained by the youth;
- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity);
- Make sure all groups (men, women, elderly, teens) are targeted with activities within church;

SPECIFIC CHURCH EVALUATIONS
HOLDING FORTH

Pastor Involvement:
The way the reporting was done, it wasn't entirely clear in what capacity the pastor participated in the health initiative.

Community Involvement:
The site coordinator involved the community in many events to help promote and encourage participation in SSHI functions and events (i.e. health education, disease screenings, information distribution, promotion of community events). In this case as well, though, the site coordinator should indicate: what community organization is being represented, what purpose or objective the community partners participation serves, and what were the outcomes of the activity.

Success:
- Distribution of health related material to increase knowledge and understanding of disease etiology, risk factors, and prevention;
- Collaborated with community organizations to assist in facilitating health education classes;
- Established a health bulletin and health corner;

Challenges:
- Report writing. Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Keeping congregation motivated;
- Time management. Too much work for one person to handle alone;

Recommendations:
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis.
- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity);
- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount

and duration of physical activity. These outcomes can be measure through: surveys, interviews, word of mouth;

- Re-orient pastor and leadership staff with the goals and objectives of the Stairstep Health Initiative, its progress, and what the future direction of the project in the church will be (this should help reinforce buy-in and understanding of roles pastor play in the success of the project);
- Make sure all groups (men, women, elderly, teens) are targeted with activities within church. Use these groups to help you plan, organize and implement activities;
- Include all MDH core concepts in scheduled activities during the year;
    - Detail in what capacity the pastor/staff and the community partners/organizations are involved in monthly activities. There should be at least one activity done per month for the pastor as well as collaborating with the community;

SPECIFIC CHURCH EVALUATIONS
NEW SALEM BAPTIST CHURCH

Pastor Involvement: The pastor played an instrumental role in increasing the congregation's knowledge and awareness of MDH health focus areas, as well as health disparities that were more prominent in the church and the surrounding community. A part of the success of this project in New Salem is due to the fact that the pastor has the ability to empower and motivate the congregation towards healthier living. He is already a leader in the congregation/community, and this was very helpful in getting the members of this congregation interested in participating in new activities, as well as feeding their hunger for new knowledge.

Types of activities the pastor was involved with:

i. Speaker during Health Sunday (offered twice per month);
ii. Encouraging members to take part in physical fitness classes for heart health and weight management;
iii. Spoke to congregation about diabetes and the importance of getting immunizations;
iv. Provided information on HIV/AIDS and acknowledged World AIDS day;
v. Facilitated discussion with the men about prostate cancer, hypertension, and stroke;
vi. Assisted in the planning of church health fair;

Community Involvement: This was a particularly poor area for New Salem in terms of reporting. I don't doubt that New Salem utilized community resources (speakers, nurses, health educations, etc…) for the benefit of the congregation, but the site coordinator did not give descriptions on how the church was involved with the community/community organization. For the agencies with which she did give a description, they collaborated with organizations for: 1) coordinating cholesterol, stroke, and blood pressure screenings; 2) health education (i.e. pregnancy prevention, unintentional injuries, breast cancer screening/awareness);

Successes:

- Active involvement of Pastor in all aspects of the health initiative;
- Development of health corner and health bulletin which increased the knowledge and awareness of disease, and perception of disease risk;
- Collaboration with community organizations to insist in screening, vaccinations, health education and resource allocation;

Challenges:

- Documentation of activities. Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Lack of focus and reporting on outcomes;
- Implementation of too many activities during the month;

Recommendations:

- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity;
- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount and duration of physical activity. These outcomes can be measure through: surveys, interviews;
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;
- Assist participants in on-going activities (physical activity, weight loss, health education) to establish goals;
- Continue adding new health concepts to schedule and reinforcing old concepts;
  - New topics include: health insurance, environmental health issues (asthma, pollution, allergies, sunscreen), stress management and mental health, financial health and wellness, sports related injuries, etc…;

SPECIFIC CHURCH EVALUATIONS
CHRIST TEMPLE

Pastor involvement: Inconsistent communication with how pastor/pastoral staff were involved in monthly activities.

Community involvement: Over the 2 years of the initial implementation of the Stairstep Health Initiative, the Coordinator did a good job involving community organizations in assisting them in implementing planned programs and activities.

Successes:

- Continued to target key MDH core health concepts throughout entire 2 year implementation;
- Involved youth in key leadership roles in implementation;
- Maintained support among congregation for new and continuing activities;
- Establish a health Sunday where information regarding core concept of the month was shared with congregation by pastor(s), site coordinator, and/or community resources;
- Established a health bulletin and health corner;

Challenges:

- Documentation of activities. Purpose or objective of activity? Who was involved? What and how it was done? Frequency of the activity? Outcomes?
- Involvement of Pastor;
- Maintaining support and motivation among congregation for new and continuing activities;
- Lack of focus on outcome: if you don't tell us who, what, how something was done, it is difficult to measure how well the program is doing in: improving knowledge and understanding of health area under study; how attitudes and perceptions are changed; whether or not any changes in actual health status have been obtained; or improvements input (5 fruit and vegetables a day, less fat, more protein) and output (increase in daily physical activity, increase in duration);

Recommendations:

- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;
- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e.

change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);

- Re-orient pastor and leadership staff with the goals and objectives of the Stairstep Health Initiative, its progress, and what the future direction of the project in the church will be (this should help reinforce buy-in and understanding of roles pastor play in the success of the project;
- Assist participants in on-going activities (physical activity, weight loss, health education) in setting goals;
- Make sure all groups (men, women, elderly, teens) are targeted with activities within church;
- Continue adding new health concepts to schedule and reinforcing old concepts
  - New topics include: health insurance, environmental health issues (asthma, pollution, allergies, sunscreen), stress management and mental health, financial health and wellness, sports related injuries, etc...;

CHAPTER 2 *Section 10*

SPECIFIC CHURCH EVALUATIONS
FAITH TABERNACLE

Pastor Involvement:
No clear and consistent description of how and in what capacity the pastor/staff are or have been involved in the SSHI.

Community Involvement:
It is apparent that Faith Tabernacle utilized community partners for health education, screening, and information distribution purposes. However, the documentation of this is quite sparse. A 2-3 sentence description of who, what, when, how, and why this community partner was involved in an SSHI activity would suffice.

Success:
- Increased involvement in youth related activities and workshops-i.e. initiated youth-related activities related to self-esteem, self-worth, relationships and sexuality, as well as tobacco prevention;
- Regularly distributed health information to congregation, and reinforced concepts through new events like Health Sunday dinner;
- Established a health section of the Sunday bulletin, as well as a calendar of events of monthly activities with reminders of upcoming activities;
- Establishment of health round table where congregation can pick up information on the months health topic;
- Initiated and promoted physical activity groups: weight watchers, aerobics, basketball league, and a walking club;
- Involving community partners in health screenings and health education at community events;
- Promotion of activities geared for specific groups within church: women, men, youth;

Challenges:
- No consistent description of how pastor or staff are involved in SSHI activities;
- Organization of health bulletin – may have too much information and conflict with other church events;
- Limiting aerobics sessions just for women. Classes such as these should be open to both sexes, and if it is desired to keep them separate, ensure you have activities that are geared toward the men;
- Description of activities: no clear description of what was being done in many of the scheduled activities: i.e. what is the purpose of objective of the session, what was the outcome of this workshop/activity, how does this activity relate to SSHI;

- Limited core activities to one group, and not exposing everyone in the congregation to the health concept: i.e. tobacco prevention. A lot of activities regarding tobacco prevention was done for the youth, but where were the activities/seminars/health education sessions for the adults?
- Pastor and community involvement was not clearly stated in the monthly reports;

Recommendations:

- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);
- Re-orient pastor and leadership staff with the goals and objectives of the Stairstep Health Initiative, its progress, and what the future direction of the project in the church will be (this should help reinforce buy-in and understanding of roles pastor play in the success of the project;
- Consider implementing additional activities that are specifically geared towards young men and adult men;
- Detail in what capacity the pastor/staff and the community partners/organizations are involved in monthly activities. There should be at least one activity done per month for the pastor as well as collaborating with the community;
- Ensure that activities that are documented in the monthly report, are actually activities that were initiated or developed as a result of the SSHI;
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;

SPECIFIC CHURCH EVALUATIONS
FELLOWSHIP MISSIONARY BAPTIST CHURCH

Pastor Involvement:
The pastor of Fellowship Missionary Baptist Church is actively involved in promoting and engaging the congregation in SSHI activities, as well as other beneficial health-related activities (i.e. CPR and First-Aid Classes). He also assisted in the development of this congregations Health Action Plan, and appeared to take a vested interested in empowering his congregation to change their attitudes about their health.

Community Involvement
The site coordinator actively engaged other community organizations and partners in the implementation of the SSHI at FMBC.

Successes
- This site coordinator is very active within community organizations with respect to community health;
- Utilized community partners and organizations to assist in the delivery of health messages and to promote and encourage healthier lifestyles among church membership;
- Established Health Ministry Team to assist in the implementation, promotion and delivery of the SSHI;
- Implementation of health information boards, as well as sections in the church bulletin that promote awareness to health disparities and core health concepts as stated in the SSHI;
- Engaged congregation of health-related programs outside of the SSHI (i.e. blood drives, clinical trials research - Health Partners research to study Lipids in African Americans with Diabetes);

Challenges
- Disorganization of reports: With the way the site coordinator organized these reports, it's hard to tell what outcomes were received from all of the activities that were scheduled during the month. There is no mention of the purpose of the activities (in many cases), who was involved, what the congregation/community received as a result of participation, etc… It seems as though the site coordinator is all over the board with respect to scheduling activities;
- Documenting too many activities that have no relationship to the SSHI. The site coordinator is very actively involved in the African American community with respect to community health. However, most of the activities that were reported seemed to have more to do with community health as compared to the SSHI. This needs to be clear! How is attending all of the community meetings translating into tangible information that the congregation can use

towards achieving the SSHI goals? In what ways is the site coordinator taking this information back to the congregation?

- Minimal delivery to certain core MDH concepts. There was a lot of attention given to the delivery of information related to HIV/AIDS, CVD, Diabetes, Cancer and Tobacco Prevention. But I did not see any information where the site coordinator provided information on unintentional/intentional injuries, pregnancy prevention and teens sexual health, cervical cancer or infant mortality. All of these areas need to be covered during the year;

Recommendations

- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);
- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity);
- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount and duration of physical activity. These outcomes can be measure through: surveys, interviews, or word of mouth;
- Utilize the health ministry team that was established to really drive this SSHI. They can also assist the site coordinator in writing monthly reports, and developing activities within the church. Delegate responsibility to these team members.
- Include all MDH core concepts in schedule activities during the year;

SPECIFIC CHURCH EVALUATIONS
WAYMAN

Pastor Involvement:
During the initial implementation of the SSHI, it was clear that the pastor was actively involved in promoting the SSHI and associated programs. The pastor promoted 4th Sunday as health Sunday, and also at various times during the initial implementation phase spoke to the congregation about the month's core concepts. However, during the 2nd year of implementation, and even towards the end of the first year, it was not clear if the pastor was involved in monthly programs at all.

Community Involvement
The site coordinator did and excellent job in using community partners/organizations to deliver health messages and distribute information. It also appears that these community partners were utilized for health screenings. Again, a description of who was involved, in what capacity they were involved, what were the outcomes of this community collaboration is needed. This was not consistent in this site coordinators reports.

Success
- Distributed information regarding health core concepts which included statistics and visual aids;
- Utilized community partners to assist in health education;
- Allowed youth in the congregation to take an active leadership role in SSHI;
- Consistent participation from congregation in weekly BP monitoring, quarterly flu vaccinations;
- Promoting and reinforcing healthier eating habits during socials and dinners sponsored by the church;
- Implementation of new activities/services that are outside of the SSHI;

Challenges
- Documentation of activities. Its not clear what is being done, why, and who is involved;
- Implementation of all SSHI activities, and not just focusing on a few concepts;
- Maintaining support and motivation of members for scheduled activities;

Recommendations
- Establish a health team that consists of at least 1 teenager, 1 adult woman, 1 adult man, and 1 older saint. These persons will be responsible for assisting in the planning and \implementation of activities for their particular age or gender group. They should also be responsible for the reporting of the activities that are implemented for that group to the site coordinator on a monthly basis;

- Refocus attention on how the reporting of activities is done. Each activity should have a purpose or objective, which can be stated in 1 sentence. This should be followed by: 1) Who the activity is targeted for; 2) What type of activity is being done and how; 3) The frequency and duration of the activities; 4) As well as the outcome from participation in the activity (i.e. change in weight, change in cholesterol or A1c, change in the amount and duration of exercise, increase in knowledge and awareness, etc…);
- Re-orient pastor and leadership staff with the goals and objectives of the Stairstep Health Initiative, its progress, and what the future direction of the project in the church will be (this should help reinforce buy-in and understanding of roles pastor play in the success of the project;
- Implement only 1 core concept per month with related activities to this core concept being done (i.e. cervical cancer and sexual health; violence and unintentional injuries and infant mortality; CVD/stroke and nutrition and physical activity;
- Focus more on outcomes. If you don't tell us we wont know! Outcomes include things such as changes in weight, changes in knowledge/awareness/attitude, and changes in the amount and duration of physical activity. These outcomes can be measure through: surveys, interviews, or word of mouth;
- Include all MDH core concepts in schedule activities during the year;

CHAPTER 3

CHURCH PERSONNEL SURVEY RESULTS

CHAPTER 3 *Section 1*

RESULTS OF THE CHURCH PERSONNEL SURVEY

Church Questionnaires were collected from the following congregations:

Congregation	Pre-Survey	Post Survey	Total Surveyed
New Salem Baptist	5	3	8
Living Word	4	8	12
Holding Forth	10	9	19
Christ Temple	10	NONE	10
Fellowship Missionary	4	8	12
Resurrection Temple	10	10	20
Faith Tabernacle	7	9	16
Grace Deliverance	4	NONE	4
Kwanzaa	10	7	17
Mt. Olivet	10	6	16
Progressive Baptist	10	10	20
Wayman AME	10	8	18
TOTAL	**94**	**78**	**172**

** The members who were surveyed prior to the implementation of the SSHI are not necessarily the same persons who were surveyed Post-SSHI implementation.

CHAPTER 3 *Section 2*

RESULTS OF ITEM RESPONSES

QI. Role in your congregation (Pre and Post).

PRE-SSHI IMPLEMENTATION (N=94)	POST SSHI IMPEMENTATION (N=78)
• 19.15% "Clergy/Ministerial staff" • 19.15% "Choir Director/Member" • 11.70% "Administration" • 11.70% "Other" leadership role • 11.70% "Sunday School Teachers" • 8.51% "Youth Pastor/Leader" • 6.38% "Deacon/Deaconess" • 5.32% "Usher board" • 3.19% "Council/Board member/Officer" • 2.13% "No leadership role" or left question blank • 1.06% "Leaders in children's church"	• 17.95% "Clergy/Ministerial staff" • 15.38% "Administration" • 14.10% "Deacon/Deaconess" • 12.82% "Choir Director/Member" • 12.82% "Youth Pastor/Leader" • 10.26% "Sunday School Teachers" • 7.69% "Other" leadership role • 3.85% Council/Board Member/Officer" • 1.29% "Leaders in children's church" • 1.29% "Site coordinator" • 1.29% "No leadership role"

Q2. Church leaders can help decrease health disparities in our congregation and community. (OVERALL, N=172)

- 41.86% "Agree"
- <1% Didn't answer the question
- 7.56% "Not sure"
- 49.42% "Strongly agree"

Q3. Faith communities bear some responsibility for health disparities by not teaching a holistic approach to life.
(OVERALL, N=172)

- 27.32% "Strongly agree"
- 52.32% "Agree"
- 5.8% "Not Sure"
- 3.49% "Disagree"
- 2.91% "Strongly disagree"

Q4. Faith communities should be involved in leading congregants to pursuit healthy lifestyles. (OVERALL, N=172)

- 54.07% "Strongly agree"
- 43.02% "Agree"
- 2.32% "Not sure"

Q5. My church teaches wholeness and well being of mind, body and spirit to achieve wellness. (OVERALL, N=172)

- 37.79% "Strongly agree"
- 50% "Agree"
- 16.67% "Not sure"
- 3.49% "Disagree"
- <1% Not answered

Q6. What would have the most impact on your congregation promoting a healthier lifestyle? (Top 3 choices, N= number of responses)

	Pre-Implementation	Post-Implementation
Bible Study Application	N=56	N=36
Sermon Message	N=43	N=34
Guest Speakers	N=33	N=29
Health fairs or health-related Sessions	N=63	N=36
Newsletters/Posters/Brochures	N=23	N=18
One-to-one talk w/ someone	N=13	N=19
Have healthy foods at church	N=26	N=28
Not listed	N=15	N=17

Q7. Check the top two things your congregation is currently doing to promote good health. (N= number of responses to question)

	Pre-Implementation	Post-Implementation
Bible Study Application	N=15	N=16
Sermon Message	N=30	N=11
Guest Speakers	N=13	N=21
Health fairs or health-related Sessions	N=14	N=20
Newsletters/Posters/Brochures	N=8	N=3
One-to-one talk w/ someone	N=3	N=1
Not answered	N=6	N=3

Q8. How effective do you think your congregation will be in helping to decrease the incidence of health problems in your congregation?

	Pre-SSHI Implementation	Post SSHI Implementation
Extremely Effective	11.63% (N=20)	12.79% (N=22)
Very Effective	18.02% (N=31)	18.02% (N=31)
Somewhat Effective	20.34% (N=35)	12.21% (N=21)
Very Little Effect	<1% (N=1)	<1% (N=1)
No Effect	--------	--------
Not Answered	2.32% (N=4)	--------

Q9. How effective do you think your congregation will be in helping to eliminate health disparities in our community?

	Pre-SSHI Implementation	Post SSHI Implementation
Extremely Effective	8.14% (N=14)	9.88% (N=17)
Very Effective	15.12% (N=26)	20.35% (N=35)
Somewhat Effective	23.83% (N=41)	9.30% (N=16)
Very Little Effect	2.90% (N=5)	2.90% (N=5)
No Effect	--------	<1% (N=1)
Not Answered	2.32% (N=4)	--------

Q10. How influential do you think your church can be in changing individual's behavior to utilize good health practices?

	Pre-SSHI Implementation	Post SSHI Implementation
Extremely Effective	14.53% (N=25)	14.53% (N=25)
Very Effective	23.25% (N=40)	19.19% (N=33)
Somewhat Effective	11.63% (N=20)	9.88% (N=17)
Very Little Effect	1.16% (N=2)	--------
No Effect	--------	--------
Not Answered	2.32% (N=4)	--------

CHAPTER 3 *Section 3*

How to get what you want out of your survey tool

This particular survey was designed to ascertain changes in behavior within the leadership of each participating church as measured by a pre- and post SSHI survey as the result of the intervention. There are, however, several inconsistencies in the design and implementation of this survey, which do not allow a reasonable assessment as to whether or not some level of knowledge, attitude or behavior change or modification has taken place over the course of the initial health initiative. First, it is essential when measuring a change in activity, behavior, knowledge, attitude etc… that the same person be surveyed prior to the implementation of the intervention, and during the post intervention phases. Otherwise just as in this case, comparisons cannot be made between the two groups as to whether or not a change has occurred and the magnitude of that change.

Second, the questions on the survey must be framed in a way that will elicit the desired response. Otherwise, the gathered responses will not appropriately answer the specific question at hand. There should be 'sections' on the survey that ask questions from the following categories: knowledge of health topics, attitude toward health, healthy behaviors. For example, the following questions might appear under a section in the survey that seeks to identify current health behaviors/status.

SAMPLE QUESTIONS (CURRENT BEHAVIORS)

- Question 1. How would you characterize your current overall health status?
  a. "Excellent, I am in perfect health, and am not limited physically on what I can do"
  b. "Good, I have a few health problems, but I am really not physically limited in what I can do"
  c. "Fair, I have more than a couple of health problems, and am limited to the types of physical activities I can do"
  d. "Poor, I have many health problems, and can not do any physical related activities"

- Question 2. Have you ever been told that you had any of the following conditions?
  a. High blood pressure or hypertension
  b. Arthritis (including osteoarthritis and rheumatoid arthritis)
  c. Diabetes
  d. Cardiovascular disease
  e. High cholesterol
  f. Being Over weight
  g. Depression

- Question 3. Please identify your average level of physical activity in a given week (circle only one response)

  a. None
  b. 1-2 times per week
  c. 3-4 times per week
  d. 5 or more times per week

- Question 4. What is your usual mode of exercise (circle response):
  a. I don't have one, because I don't get any exercise/ can't exercise
  b. Jogging/Running
  c. Biking
  d. Roller skating
  e. Gardening
  f. Walking
  g. Group sports such as: Basketball, football, softball or volleyball
  h. Aerobics
  i. Weight training
  j. Dancing (structured dance class)
  k. One of more of the above

SAMPLE QUESTIONS- CURRENT KNOWLEDGE

The following questions might be asked in order to assess the survey respondent's current knowledge of certain areas of interest.

- Question 1. What are the risk factors for diabetes? (multiple choice)
- Question 2. Can you identify the warning signs of a stroke? (multiple choice, circle all that apply)
- Question 3. How many African Americans die each year from smoking related illnesses? (multiple choice)
- Question 4. At what age should woman begin to get mammograms? (multiple choice)
- Question 5. How often should a man be screened for Prostate cancer? (multiple choice)

Question 6. In what position should a child be laid down to sleep? (multiple choice)

CHAPTER 3 *Section 4*

MODIFICATIONS TO THE SURVEY INSTRUMENT

The questions that are posed on the current survey are geared toward assessing the current attitudes of church leaders and the role they feel the church plays in community health. But they are not asked in such a way that one could reasonably determine whether or not a change in attitude has occurred as the result of some intervention performed by the institution.

For example the questions on the current Church Personnel Survey, could be asked in the following way:

- Question 2. As a leader in my church, I feel I have the knowledge, skills, and resources to help decrease health disparities (problems) in my congregation and community? (multiple choice, or 'Yes/No')

- Question 3. My church/faith organization sponsors many activities to address health disparities within my church/community? (Yes/No—Note: in asking the question this way, one assumes that the person answering the survey understands what 'health disparities' are)

- Question 4. The church I attend regularly sponsors health-related activities with other churches or organizations within the community?

- Question 6. Which of the following activities do you feel would have the biggest impact on your church, with respect to promoting healthier lifestyles?
  a. Sermon messages that are specific to specific health topics
  b. Guest speakers who can share knowledge and provide resources for various health issues
  c. Organizing health fairs or health-related events for church and community members
  d. Starting a newsletter, brochure or displaying posters which share information about health topics, and advocate for healthier lifestyles
  e. Implementing healthier food choices at church sponsored events
  f. Nothing, my church does a good job at promoting healthy lifestyles among the members of the congregation

- Question 7. In the past 6 months, has your church done any of the following?
  a. Used a bible study lesson to help congregation understand the importance of spiritual, physical and mental health
  b. Talks about health areas (i.e. diabetes, stroke, cancer) in sermon message
  c. Utilizes guest speakers to provide information to congregation on health-related issues
  d. Organizes or collaborates with other churches or community organizations to sponsor health fairs or health related sessions (i.e. stroke screening, aerobics, immunizations)

e. Distributes monthly or quarterly newsletters, brochures or posters with health-related messages
f. More than one of the above
g. None of the above

□ Question 8. Who do you think would be instrumental in assisting your congregation in changing health behaviors?

a. Pastors/Ministerial Staff
b. Members in the church who are nurses, physicians, health aids, counselors
c. Outside speakers and community organizations (i.e. Pilot City Health Center, Urban League, Health Partners)
d. Other leaders within the church, such as Deacons/Deaconess, Trustees, Administrators, etc…

□ Question 9. Does your church regularly include members of the community (other than church goers), in activities sponsored by the church? ("Yes/No" or a multiple choice answer)

□ **Question 10. By implementing the Stairstep Health Initiative in your church, what effect do you see it having on the community outside the church (or community as a whole)?

a. No effect at all
b. Some effect

CHAPTER 4

YOUTH EMPOWERMENT WORKSHOPS, CONFERENCES AND SEMINARS

CHAPTER 4 *Section 1*

Empowering Youth to Make Informed Decisions About Their Health and Wellbeing

As a part of the Stairstep Health Initiative continuation grant proposal, a youth workshop and conference was held within the first 2 years of the health initiative. The objective of the youth activities were specific and included:

- Engaging youth in discussions about sexuality and sexual responsibility, violence prevention, conflict resolution, tobacco prevention, benefits of daily physical activity as well as proper diet, and having a value system;
- Empowering youth with the necessary resources and skills to make informed decisions about their health;
- Assisting youth in developing healthy, positive, relationships and key partnerships with other youth within the faith community; [collaborators]
- Helping to transform the way teens view their overall health (individual-holistic);
- Facilitating discussion about various topics;

The following is a description of: 1) how meaningful the activities were to the youth who participated in the workshop and conference; 2) feedback on the 'lessons learned' from each of the sessions; 3) suggestions and recommendations from the teens on how they would like to take this information back their churches, homes, schools, and communities; and 4) future suggestions on how Stairstep can make this event even better the second time around.

Conference/Workshop	No. of survey's collected	Average rating of workshop (out of 5)	Average age of responders
Phyllis Wheatley Hospitality House Youth Conference	31	4.27	15
SSHI Youth Retreat	8	4.5	14.75
Youth Values for Life Workshop	28	4.46	15.21
Violence Workshop	27	3.9	13.07
Tobacco Prevention Workshop	25	4.6	15.2
Sexual Health Workshop	6	5	14.6

CHAPTER 4 *Section 2*

SUMMARY

The youth who participated in the youth conference and several youth workshops, really gave the impression that they were pleased with each of the sessions. It appeared very important to the teens to be able to speak freely and hear the opinions of the other group members without being judged or interrupted. They enjoyed virtually all of the sessions, but really seemed to get the "take home message" in the sessions that were more interactive. These sessions were really of value because it increased the teen's knowledge of sexual health, tobacco prevention, violence prevention, value issues, and conflict resolution.

I. PHYLLIS WHEATLEY YOUTH CONFERENCE

Most enjoyed part of the session: "Conflict" and "Bling, Bling"
Least enjoyed part of the session: Nothing, youth overall enjoyed it all

Themes--Lessons learned from the youth conference:
- Importance of getting tested and having safe sex
- HIV Prevention
- Self-respect
- Importance of loving and respecting one-self

Changes teens are willing to make as a result of attending conference:
- Worry less about what other people think about them
- Learn to make the right choices

Changes teens would like to see made to future conferences:
- Have more time for questions and answers at the end of each session
- Invite more teens to the conference
- Make the retreat short—youth felt it was too long
- Have more interactive sessions where teens are sitting less

II. STAIRSTEP FOUNDATION HEALTH INITIATIVE RETREAT

Most enjoyed part of the session: Bowling and getting to know other teens at the session
Least enjoyed part of the session: The room where the workshop was being held was too cold

Themes—Lessons learned from the youth conference:
- Phillip Morris' role in getting teens addicted to tobacco
- Power of the B's
- Number of Minnesotan's who die from tobacco related illnesses per year

Changes teens are willing to make as a result of attending the workshop:

- Most of the teens who answered this survey felt that didn't need to make much change in their behavior because they were not current smokers

Changes that teens would like to see made to future conferences: This question was not asked on the survey form for this conference

III. Youth Values Workshop

Most enjoyable part of the session: Being able to interact with other youth, and share feelings. The speaker kept the group engaged and talking, which the teens liked.

Least enjoyable part of the session: Students enjoyed everything

Themes—Lessons learned from workshop:

- Importance of values
- Learning about the various values of the other teens attending the session
- The meaning of what values are

Changes teens are willing to make as a result of the workshop:

- To value the differences other people have
- Embrace values

Changes teens would like to see to future conferences: Nothing, teens seemed to really appreciate and enjoy this session "as is".

IV. Youth Retreat-Violence Session

Most enjoyable part of the session: The personality test
Least enjoyable part of the session: People were interrupting others when they spoke

Themes—Lessons learned from the session:

- That there are many types and sources of violence and violent behavior
- The importance of solving problems, avoiding conflict and aggression
- Importance of collaboration

Changes teens are willing to make as a result of attending the workshop:

- Try to do a better job of managing anger, avoiding conflict, and collaborate more with other teens, adults, and organizations

Changes teens would like to see to future conference: Nothing, the teens seemed to enjoy all aspects of this workshop

V. Youth Retreat--Tobacco Prevention Session

Most enjoyable part of the session: The information provided about tobacco and the harmful side effects of smoking; as well as the information given about how youth are a target market for tobacco companies.

Least enjoyable part of the session: Nothing

Themes—Lessons learned from the session:
- The number of people who die from tobacco related illness, especially African Americans
- The amount of money spent on advertising (general population and to teen market)
- Strategies tobacco companies use to "lure" teens into smoking

Changes teens are willing to make as a result of attending the conference:
- Tell other teens, family, friends and community about the number of people who die each year from smoking, as well as just taking the information that they learned in the session back "home." Almost all of the youth who answered this survey, expressed and interest in taking this information back to their communities (Churches, friends, families, etc...)

Changes teens would like to see to future conferences:
- Several comments were made about the room: i.e. people not being about to see the speaker or audiovisual equipment
- Youth expressed an interest in having this session be more hands one, and getting more feedback from the youth who were in attendance

VI. Sexual Health Session

Most enjoyable part of the session: Session was more serious than "enjoyable" per se, but youth seemed to enjoy "the story" or personal experiences that were shared by the speaker

Least enjoyable part of the session: Nothing

Themes-- Lessons learned from this session
- Difference between sex and sexuality
- Doesn't matter what age you are, anyone can get and STD
- Relationship between self-esteem and sex or STD

Changes teens are willing to make as a result of attending the conference:
- Take better care of their bodies, and seek the care of a physician on a more regular basis

Changes teens would like to see to future conferences: Nothing